Child Medical Action Plan

10A NCAC 09 .0801(b) [Centers] and .1721(a)(4) [Family Child Care Homes]

If a child has health care needs that require specialized health services, the child's parent or a health care professional should complete a medical action plan and attach it to the child's application. The plan must be updated annually and stored in the child's file and facility's Ready to Go File. A copy should be kept in the classroom.

Children with asthma, diabetes, seizures, or allergies should have medical action plans specific to those conditions. Name of person completing form: Today's date: Child's full name: Date of birth: Parent/guardian's name: Phone: Primary health care professional: Phone: Specialist/therapist: Phone: Type: Phone: Specialist/therapist: Type: Diagnosis(es): Allergies (food, medication, environmental, insects, or other): Medication(s) Complete a Medication Administration Permission Form if medications listed below are to be provided by the child care. Complete page three if child has more than two medications. ☐ Daily medication ☐ Daily medication Medication name: □ Emergency taken at child care taken at home medication Time/frequency: Route: Dosage: Special instructions: Side effects: Reason prescribed: Medication name: ☐ Daily medication ☐ Daily medication ☐ Emergency taken at child care taken at home medication Time/frequency: Route: Dosage: Side effects: Special instructions: Reason prescribed: Accommodation(s) Describe any accommodation(s) the child needs in daily activities and why. Diet or Feeding: Classroom Activities: Naptime/Sleeping: Toileting: Outdoors or Field Trips:



Transportation:
Other/Comments:

Child Medical Action Plan

| Equipment/Medical Supplies | |
|---|-----------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| Emergency Care | |
| Call parents/guardians if the following symptoms are present: | |
| Call 911 (emergency medical services) if the following symptoms are present, and con- | tact the parents/guardians: |
| Take these measures while waiting for parents or medical help to arrive: | |
| | |
| Suggested Special Training for Staff | |
| | |
| | |
| If completed by a health care professional: | |
| Health Care Professional Signature: | Date: |
| Parent notes | |
| | |
| | |
| | |
| Parent/Guardian Signature: | Date: |



Child Medical Action Plan

| Medication name: | | ☐ Daily medicati taken at child ca | | ☐ Daily medication | □ Emergency |
|--|--------------------------------|---------------------------------------|--------------------------------------|--|------------------------|
| | | taken at child ca | are taken at home medication Route: | | |
| Dosage: | Time/frequency: | | KOU | ite: | |
| Special instructions: | Side effects: | | Reason prescribed: | | |
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| Medication name: | | ☐ Daily medicati | ion | ☐ Daily medication | ☐ Emergency |
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